

IN THE UNITED STATES DISTRICT COURT
FOR THE Middle DISTRICT OF Pennsylvania
DIVISION

(Write the District and Division, if any, of the
court in which the complaint is filed.)

Richard Blackmon, III

(Write the full name of each plaintiff who is filing
this complaint. If the names of all the plaintiffs
cannot fit in the space above, please write "see
attached" in the space and attach an additional
page with the full list of names.)

-against-

Federal Bureau of Prisons
United States Penitentiary Lewisburg
David Ebbert, Warden, United States

(Write the full name of each defendant who is
being sued. If the names of all the defendants
cannot fit in the space above, please write "see
attached" in the space and attach an additional
page with the full list of names. Do not include
addresses here.)

**Complaint for Violation of Civil
Rights**
(Prisoner Complaint)

Case No. _____
(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No
(check one)

FILED
SCRANTON

AUG 09 2019

PER [Signature]
DEPUTY CLERK

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed *in forma pauperis*.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Richard Blackmon, III

All other names by which you have been known:

ID Number 18074-075

Current Institution USP Lee County

Address P.O. Box 305

Jonesville, VA. 24263

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name David Ebbert

Job or Title Warden
(if known)

Shield Number _____

Employer Federal Bureau of Prisons

Address U.S.P. Lewisburg

☐ Individual capacity

☒ Official capacity

Defendant No. 2

Name United States

Job or Title _____
(if known)
Shield Number _____
Employer _____
Address _____

☐ Individual capacity ☒ Official capacity

Defendant No. 3

Name _____
Job or Title _____
(if known)
Shield Number _____
Employer _____
Address _____

☐ Individual capacity ☐ Official capacity

Defendant No. 4

Name _____
Job or Title _____
(if known)
Shield Number _____
Employer _____
Address _____

☐ Individual capacity ☐ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

- ☒ Federal officials (a *Bivens* claim)
☐ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

Eighth Amendment Cruel and Unusual Punishment,
and Deliberate Indifference, see Farmer v
Brennan

D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee

- ☐ Convicted and sentenced state prisoner
☒ Convicted and sentenced federal prisoner
☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

They arose at USP Lewisburg, SMU Program, on November 11, 2016 (see all accompanying pages, over 20), after eating the noon meal.

- C. What date and approximate time did the events giving rise to your claim(s) occur?

November 11, 2016, approximately noon time, after eating the noon meal.

- D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

see accompanying Affidavit of Claim(s)

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I was poisoned by "Salmonella", see accompanying Federal Bureau of Prisons, Health Services Reports

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

*I request three thousand dollars (\$3,000⁰⁰) in actual damages for being poisoned by "Salmonella".
I request three thousand dollars (\$3,000⁰⁰) in punitive damages because this is not the first nor last time defendant has poisoned individuals by "Salmonella".*

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes
☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

United States Penitentiary Lewisburg

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes
☐ No
☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes
☒ No
☐ Do not know

If yes, which claim(s)?

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☐ Yes
☒ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

- ☒ Yes
☐ No

E. If you did file a grievance:

1. Where did you file the grievance?

U.S. Dept. of Justice, Federal Bureau of
Prisons, Northeast Regional Office

2. What did you claim in your grievance?

Salmonella poisoning

3. What was the result, if any?

none

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

This is the required Appeal of that decision
see accompanying document dated 3-21-19
at the top! The grievance process is completed!

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

*see all accompanying documents, over
20 pages*

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

- ☐ Yes
☒ No

If so, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☒ Yes

☐ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s)

Richard Blackmon, III

Defendant(s) UNITED STATES OF AMERICA

2. Court (if federal court, name the district; if state court, name the county and State)

Middle District of Pennsylvania

3. Docket or index number

1:13-CV-392

4. Name of Judge assigned to your case

William W. Caldwell

5. Approximate date of filing lawsuit

6-14-2013

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition. 6-26-2013

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

The case was settled

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes

☒ No

- D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition, _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
- _____
- _____

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: July 1st, 2019.

Signature of Plaintiff

Richard L. Blackmon, III

Printed Name of Plaintiff

Richard Blackmon, III

Prison Identification #

18074-075

Prison Address

U.S.P. Lee, P.O. Box 305

Jonesville, VA

24263

City

State

Zip Code

B. For Attorneys

Date of signing: _____, 20__.

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Telephone Number

E-mail Address

Affidavit of Claim

Plaintiff, Richard Blackmon, hereby asserts that on November 11, 2016, plaintiff contracted "Salmonella poisoning" through eating of the lunchtime meal, at U.S.P. Lewisburg Prison program. Five days later on November 16, 2016, plaintiff was prescribed promethazine suppository 25 mg by U.S.P. Lewisburg, Medical Services.

"Salmonella" by definition is pathogenic enterobacteria that cause gastrointestinal inflammation, typhoid fever, or septicemia. "Salmonella" is blood poisoning which was contracted by plaintiff through NEGLIGENCE of Bureau of Prisons employee(s) (food service staff); NEGLIGENCE itself is a TORT. Because plaintiff was NOT treated by U.S.P. Lewisburg Medical Service, till five-(5) days later, it is also the TORT of Medical Negligence.

Plaintiff claims that the Overt Act of contracting "Salmonella" poisoning itself, through the NEGLIGENCE of Bureau of Prisons staff at U.S.P. Lewisburg, is cruel and unusual punishment by "Deliberate Indifference" in violation of the Eighth Amendment of the federal constitution.

The Records at U.S.P. Lewisburg and the Dept of Justice, Civil Division, Tort Branch, will bear witness that this is NOT the first nor the last time that U.S.P. Lewisburg has given prisoners "Salmonella poisoning" and even fed prisoners "rat feces"!

Plaintiff hereby invokes the Federal Tort Claim Act, and uses as his support to the Bivens Action, the Supreme Court mandate(s) in *Farmer v Brennan*, 511 U.S. 825, 832, 114 S.Ct. 1970, 128 L.Ed.2d 811 (1994).

REMEDY

For remedy of personal injury plaintiff asks three thousand dollars for the overt act of salmonella poisoning; three thousand dollars more in punitive damages; and three thousand dollars more under the Federal Tort Claim Act for negligence, a total of nine thousand dollars (\$9,000⁰⁰) in damages. See all accompanying documents for support of Claim(s).

Subscribed and sworn to before me:

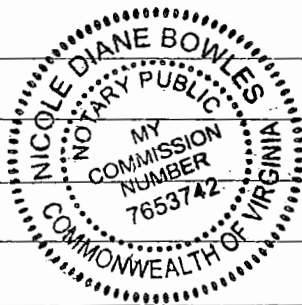
Signature of Notary: Nicole Diane Bowles

Signature of Plaintiff: [Signature]

Date of Notary: August 2, 2019

May 31, 2022

Expiration Date



Notary Stamp



U.S. Department of Justice

Federal Bureau of Prisons

Northeast Regional Office

Via Certified and Return Receipt Mail

U.S. Custom House-7th Floor
2nd & Chestnut Streets
Philadelphia, PA 19106

March 21, 2019

Mr. Richard Blackmon, Reg. No. 18074-075
USP Lee
P.O. Box 305
Jonesville, VA 24263

RE: Administrative Claim No. TRT-NER-2018-07433

Dear Mr. Blackmon:

Your Administrative Claim No. TRT-NER-2018-07433, received on September 25, 2018, has been considered for settlement as provided by the Federal Tort Claims Act (FTCA), 28 U.S.C. § 2672, under authority delegated to me by 28 C.F.R. § 543.30. Damages are sought in the amount of \$100,000.00 based on a personal injury claim. Specifically, you allege you became ill after being served contaminated food at USP Lewisburg.

After a careful review of this claim, I have decided to offer settlement in the amount of \$100.00. This amount is based upon our assessment of the relative value of your claim, based on your symptoms and treatment as verified in your medical record, and other factors. This is neither an admission nor denial of government liability.

If this amount is acceptable for settlement, please complete the highlighted portions and sign the enclosed voucher and promptly return it to this office for processing. If the offer is unacceptable, suit may be brought against the United States in the appropriate United States District Court within six (6) months of the date of this letter.

Sincerely,

A handwritten signature in dark ink, appearing to read "D. Howard", is written over a horizontal line.

Darrin Howard
Regional Counsel

cc: David J. Ebbert, Warden, USP Lewisburg

**Bureau of Prisons
Health Services
Medication Summary
Historical**

Complex: LEW--LEWISBURG USP
Inmate: BLACKMON, RICHARD

Begin Date: 11/01/2016
Reg #: 18074-075

End Date: 12/31/2016
Quarter: G01-118L

Medications listed reflect prescribed medications from the begin date to end date on this report.

Allergies: Denied

Active Prescriptions

Coal Tar Shampoo 0.5%, 251 ML

Rub shampoo liberally into wet hair and scalp. Leave on for several minutes. Rinse thoroughly. Use from once daily to at least twice a week. For severe scalp problems, use daily.

Rx#: 168388-LEW **Doctor:** Lupold, Todd PA-C

Start: 11/23/16 **Exp:** 01/22/17

Pharmacy Dispensings: 502 ML in 50 days

~~Promethazine Suppository 25 MG~~

~~Unwrap and insert 1 suppository rectally twice daily AS NEEDED~~

Rx#: 168079-LEW **Doctor:** Lupold, Todd PA-C

Start: 11/16/16 **Exp:** 11/19/16

Pharmacy Dispensings: 6 SUPP in 57 days

**Bureau of Prisons
Health Services
Dental Health History Screen**

Inmate Name: BLACKMON, RICHARD
Date of Birth: 01/07/1988
Encounter Date: 12/29/2016 11:44

Sex: M Race: BLACK
Provider: Inch, Debra DA

Reg #: 18074-075
Facility: LEW
Unit: G01

ASSESSMENTS:

Health Problems as of Dental Health History Encounter date: 12/29/2016 11:44

Health Problems

<u>Health Problem</u>	<u>Status</u>
Abdominal pain	Current
Furuncle, unspecified	Current
paronychia is the diagnosis but can't find the code	
Seborrheic dermatitis, unspecified	Current
Pain in unspecified finger(s)	Current
Physical restraints status	Current
Other early skin lesions	Resolved
After loosing the handcuff problem was solve.	
Other acute pain	Resolved
Dental pain	
Hypertension, Benign Essential	Resolved
Dental caries extending into dentine	Resolved
#19	
Unspecified unsatisfactory restoration of tooth	Resolved
#30	
Hernia, inguinal , w/o obstruction or gangrene	Resolved
Right side. Reducible.	
Onychia and paronychia of finger	Resolved
Lymph node enlargement	Resolved
Elev blood pressure reading w/o hypertension	Resolved
Finger(s), open wound, w/o complication	Resolved
infectious gastroenteritis and colitis, unspecified	Resolved
suspected salmonella	
Vomiting, unspecified	Resolved
Diarrhea, unspecified	Resolved
Laboratory examination, unspecified	Resolved

Medical History as of Dental Health History Encounter date: 12/29/2016 11:44

Medical History:

Allergies:	Denied
Seizures:	Denied
Diabetes:	Denied
Cardiovascular:	Denied
CVA:	Denied
Hypertension:	Denied
Respiratory:	Denied
Sickle Cell Anemia:	Denied
Carcinoma/Lymphoma:	Denied

Comments:

Inmate Name: BLACKMON, RICHARD

Date of Birth: 01/07/1988

Encounter Date: 12/29/2016 11:44

Sex: M Race: BLACK

Provider: Inch, Debra DA

Reg #: 18074-075

Facility: LEW

Unit: G01

HIV History:

When Tested: 2009

Test Result: Negative

When Diagnosed AIDS:

Last CD4:

Comments:

Hepatitis:

Denied

Other Infectious Diseases:

Syphilis: No

Syphilis Last Treatment: N/A

Genital Warts: No

Chlamydia: No

Gonorrhea: No

Herpes: No

Chicken Pox: Yes

Other: No

Comments: Childhood

Other Health Issues:

Other Medical Conditions And Treatment:

Current Medical Conditions:

Other Current Treatments:

Pregnant: N/A

Dental Observations as of Dental Health History Encounter date: 12/29/2016 11:44

History:

Inmate Name: BLACKMON, RICHARD
 Date of Birth: 01/07/1988
 Encounter Date: 12/29/2016 11:44

Sex: M Race: BLACK
 Provider: Inch, Debra DA

Reg #: 18074-075
 Facility: LEW
 Unit: G01

Alcohol:	Yes
Methamphetamine:	No
Tobacco products:	Yes
Other drugs:	No
Sensitive teeth:	No
Bleeding gums:	No
Food impaction:	No
Pain around ear:	No
Toothache:	No
Wear partial dentures:	No
Unusual sounds while eating:	No
Snoring:	No
Blisters on lips or mouth:	No
Clenching or grinding:	No
Swelling or lumps in mouth/throat:	No
Burning tongue:	No
Bad breath:	No
Decayed teeth:	No
Loose teeth:	No
Wear dentures:	No
None:	Yes
Comments:	
Cardiac Condition Requiring Prophylaxis:	No
Prosthetic joint(s):	No
Radiation history of head or neck:	No
Excessive bleeding:	No
Bisphosphonates:	No
Comments:	

Medications as of Dental Health History Encounter date: 12/29/2016 11:44

Medications:

Coal Tar Shampoo 0.5%, 251 ML Exp: 01/22/2017 SIG: Rub shampoo liberally into wet hair and scalp. Leave on for several minutes. Rinse thoroughly. Use from once daily to at least twice a week. For severe scalp problems, use daily.

OTCs: Listing of all known OTCs this inmate is currently taking.

Instructed inmate how to obtain medical, dental, and mental health care.

Inmate Name: BLACKMON, RICHARD

Date of Birth: 01/07/1988

Encounter Date: 12/29/2016 11:44

Sex: M Race: BLACK

Provider: Inch, Debra DA

Reg #: 18074-075

Facility: LEW

Unit: G01

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Inch, Debra DA on 12/29/2016 11:44

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	BLACKMON, RICHARD	Reg #:	18074-075
Date of Birth:	01/07/1988	Sex:	M Race: BLACK
Note Date:	12/05/2016 14:22	Facility:	LEW
		Unit:	X02
		Provider:	Hartzel, Lori RN

Admin Note - General Administrative Note encounter performed at Special Housing Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Hartzel, Lori RN

IM daily evaluation completed cell side. IM is noted to be alert and oriented in no acute distress. IM ambulates to the door without difficulty. IM relays that he is able to keep liquids down and is improving. No diarrhea since 12/3/16. IM advised to stay hydrated by drinking small sips of water/ Gatorade.

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Hartzel, Lori RN on 12/05/2016 14:29

Requested to be cosigned by Edinger, Andrew MD/CD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Ayers, Jessie PA-C.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: BLACKMON, RICHARD
Date of Birth: 01/07/1988
Encounter Date: 12/06/2016 11:21

Sex: M Race: BLACK
Provider: Ayers, Jessie PA-C

Reg #: 18074-075
Facility: LEW
Unit: X02

Mid Level Provider - Follow up Visit encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Ayers, Jessie PA-C

Chief Complaint: Diarrhea

Subjective: Inmate states he is feeling better and has had no diarrhea since Sunday.

Pain: No

OBJECTIVE:

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Alert and Oriented x 3

No: Appears Distressed

Skin

General

Yes: Within Normal Limits

Mouth

Mucosa

Yes: Within Normal Limits

No: Dryness

ASSESSMENT:

Diarrhea, unspecified, R197 - Current

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Other:

Inmate to continue to increase fluids and eat small bland meals. Will continue to monitor until symptom free for 3 days and then will remove off isolation. Stressed good hand washing to inmate.

Patient Education Topics:

Date Initiated **Format**
12/06/2016 Counseling

Handout/Topic
Plan of Care

Provider
Ayers, Jessie

Outcome
Attentive

Inmate Name: BLACKMON, RICHARD

Date of Birth: 01/07/1988

Encounter Date: 12/06/2016 11:21

Sex: M Race: BLACK

Provider: Ayers, Jessie PA-C

Reg #: 18074-075

Facility: LEW

Unit: X02

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Ayers, Jessie PA-C on 12/06/2016 11:24

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: BLACKMON, RICHARD
Date of Birth: 01/07/1988
Encounter Date: 12/07/2016 11:52

Sex: M Race: BLACK
Provider: Ayers, Jessie PA-C

Reg #: 18074-075
Facility: LEW
Unit: X02

Mid Level Provider - Follow up Visit encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Ayers, Jessie PA-C

Chief Complaint: Diarrhea

Subjective: Inmate states he is feeling better and remains diarrhea free

Pain: No

OBJECTIVE:

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Alert and Oriented x 3

No: Appears Distressed

Skin

General

Yes: Within Normal Limits

Mouth

Mucosa

Yes: Within Normal Limits

Exam Comments

Good skin turgor

ASSESSMENT:

Diarrhea, unspecified, R197 - Current

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Other:

Inmate instructed to follow a BRAT diet and increase fluids. Will continue to monitor. Inmate will be removed from isolation once he and his cellmate have been asymptomatic for 72 hours or have finished course of antibiotics.

Patient Education Topics:

Date Initiated **Format**
12/07/2016 Counseling

Handout/Topic
Plan of Care

Provider
Ayers, Jessie

Outcome
Attentive

Inmate Name: BLACKMON, RICHARD

Reg #: 18074-075

Date of Birth: 01/07/1988

Sex: M Race: BLACK

Facility: LEW

Encounter Date: 12/07/2016 11:52

Provider: Ayers, Jessie PA-C

Unit: X02

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Ayers, Jessie PA-C on 12/07/2016 11:55

Reg #: 18074-075 Inmate Name: BLACKMON, RICHARD III

Description	Axis	Code Type	Code	Diag. Date	Status	Status Date
12/09/2016 07:52 EST Ayers, Jessie PA-C suspected salmonella		ICD-10	A09	12/08/2016	Resolved	12/09/2016
12/08/2016 13:05 EST Miosi, Heather RN/IO/IDC suspected salmonella		ICD-10	A09	12/08/2016	Current	
Furuncle, unspecified						
07/18/2017 13:59 EST Rutherford, Amanda RN/HSS paronychia is the diagnosis but can't find the code		ICD-10	L0292	10/14/2016	Resolved	07/18/2017
10/14/2016 11:06 EST Lupold, Todd PA-C paronychia is the diagnosis but can't find the code		ICD-10	L0292	10/14/2016	Current	
Vomiting, unspecified						
12/09/2016 07:52 EST Ayers, Jessie PA-C		ICD-10	R1110	11/15/2016	Resolved	12/09/2016
11/15/2016 15:08 EST Lupold, Todd PA-C		ICD-10	R1110	11/15/2016	Current	
Diarrhea, unspecified						
12/09/2016 07:52 EST Ayers, Jessie PA-C		ICD-10	R197	11/15/2016	Resolved	12/09/2016
11/15/2016 15:08 EST Lupold, Todd PA-C		ICD-10	R197	11/15/2016	Current	
Laboratory examination, unspecified						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	V72.60	05/22/2014	Resolved	11/17/2014
11/25/2014 09:37 EST Pigos, Kevin MD/Clinical Director	III	ICD-9	V72.60	05/22/2014	Resolved	11/17/2014
05/22/2014 07:53 EST Jordan, Jodi PA-C	III	ICD-9	V72.60	05/22/2014	Current	05/22/2014

Total: 19

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: BLACKMON, RICHARD
Date of Birth: 01/07/1988
Encounter Date: 12/06/2016 11:21

Sex: M Race: BLACK
Provider: Ayers, Jessie PA-C

Reg #: 18074-075
Facility: LEW
Unit: X02

Mid Level Provider - Follow up Visit encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Ayers, Jessie PA-C

Chief Complaint: Diarrhea

Subjective: Inmate states he is feeling better and has had no diarrhea since Sunday.

Pain: No

OBJECTIVE:

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Alert and Oriented x 3

No: Appears Distressed

Skin

General

Yes: Within Normal Limits

Mouth

Mucosa

Yes: Within Normal Limits

No: Dryness

ASSESSMENT:

Diarrhea, unspecified, R197 - Current

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Other:

Inmate to continue to increase fluids and eat small bland meals. Will continue to monitor until symptom free for 3 days and then will remove off isolation. Stressed good hand washing to inmate.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
12/06/2016	Counseling	Plan of Care	Ayers, Jessie	Attentive

Inmate Name: BLACKMON, RICHARD

Date of Birth: 01/07/1988

Encounter Date: 12/06/2016 11:21

Sex: M Race: BLACK

Provider: Ayers, Jessie PA-C

Reg #: 18074-075

Facility: LEW

Unit: X02

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Ayers, Jessie PA-C on 12/06/2016 11:24

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: BLACKMON, RICHARD
Date of Birth: 01/07/1988
Encounter Date: 12/07/2016 11:52

Sex: M Race: BLACK
Provider: Ayers, Jessie PA-C

Reg #: 18074-075
Facility: LEW
Unit: X02

Mid Level Provider - Follow up Visit encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Ayers, Jessie PA-C

Chief Complaint: Diarrhea

Subjective: Inmate states he is feeling better and remains diarrhea free

Pain: No

OBJECTIVE:

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Alert and Oriented x 3

No: Appears Distressed

Skin

General

Yes: Within Normal Limits

Mouth

Mucosa

Yes: Within Normal Limits

Exam Comments

Good skin turgor

ASSESSMENT:

Diarrhea, unspecified, R197 - Current

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Other:

Inmate instructed to follow a BRAT diet and increase fluids. Will continue to monitor. Inmate will be removed from isolation once he and his cellmate have been asymptomatic for 72 hours or have finished course of antibiotics.

Patient Education Topics:

Date Initiated **Format**
12/07/2016 Counseling

Handout/Topic
Plan of Care

Provider
Ayers, Jessie

Outcome
Attentive

Inmate Name: BLACKMON, RICHARD

Date of Birth: 01/07/1988

Encounter Date: 12/07/2016 11:52

Sex: M Race: BLACK

Provider: Ayers, Jessie PA-C

Reg #: 18074-075

Facility: LEW

Unit: X02

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Ayers, Jessie PA-C on 12/07/2016 11:55

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: BLACKMON, RICHARD
Date of Birth: 01/07/1988
Encounter Date: 12/09/2016 07:51

Sex: M Race: BLACK
Provider: Ayers, Jessie PA-C

Reg #: 18074-075
Facility: LEW
Unit: X02

Mid Level Provider - Follow up Visit encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Ayers, Jessie PA-C

Chief Complaint: Diarrhea

Subjective: Inmate states he continues to improve and hasn't had any diarrhea in the last 5-6 days

Pain: No

OBJECTIVE:

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

Skin

General

Yes: Within Normal Limits

Mouth

Mucosa

Yes: Within Normal Limits

No: Dryness

ASSESSMENT:

Diarrhea, unspecified, R197 - Resolved

Infectious gastroenteritis and colitis, unspecified, A09 - Resolved

Vomiting, unspecified, R1110 - Resolved

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Other:

Inmate to continue with increased fluids and small bland meals for the next several days. Inmate has been without watery diarrhea for the last several days. Inmate to follow up as needed. Will remove from isolation.

Patient Education Topics:

Date Initiated Format
12/09/2016 Counseling

Handout/Topic
Diet

Provider
Ayers, Jessie

Outcome
Attentive

Inmate Name: BLACKMON, RICHARD

Date of Birth: 01/07/1988

Encounter Date: 12/09/2016 07:51

Sex: M Race: BLACK

Provider: Ayers, Jessie PA-C

Reg #: 18074-075

Facility: LEW

Unit: X02

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Ayers, Jessie PA-C on 12/09/2016 07:53

Bureau of Prisons

Health Services

Cosign/Review

Inmate Name: BLACKMON, RICHARD

Date of Birth: 01/07/1988

Encounter Date: 12/05/2016 14:22

Sex: M

Provider: Hartzel, Lori RN

Reg #: 18074-075

Race: BLACK

Facility: LEW

Reviewed by Ayers, Jessie PA-C on 12/05/2016 15:08.

Richard Blackmon, III #18074-073
 U.S. P. Lee County P.O. Box 305
 Stoneville, VA 24223

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